PTO/SB/01 (10-01)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE erwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### <u>6260</u> Attorn y D cket Number DECLARATION FOR UTILITY OR First Named Inventor Frank R. Jones **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date 2003 July 3, Declaration Declaration Submitted after Initial Submitted Art Unit Filing (surcharge (37 CFR 1.16 (e))

with Initial Filing

	requirea)	Examiner Name				
As the below named inventor, I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original and first inve	entor of the subject matter w	hich is claimed and for which	ch a patent is sough	nt on the invention entitled:		
ALTERNATE DISPERSANTS FOR SPRAY-DRIED CONCENTRATE COMPONENTS						
the specification of which	(Title of the In	ention)				
is attached hereto						
OR  X was filed on (MM/DD/YYYY)  07/03/2003 as United States Application Number or PCT International						
Application Number and was amended on (MM/DD/YYYY) (if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attach d? YES NO		
Additional foreign application numbers are listed on a supplem ntal priority data sheet PTO/SB/02B attach d hereto:						

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# **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below						
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• Address	PATENT_TRADE	EMARK OFFI				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and beliff are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:						
Given Name FRANK R. Family Name JONES (first and middle [if any]) or Surname						
Inv ntor's Frank R. Jones  Date July 7, 200						
146 NW Dorchester Street Residence: City Port St. Lucie	State FL		Country USA	V Citizenship USA		
Mailing Address SAME AS ABOVE						
City	State		ZIP 34983	Country		
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor						
Given Name STANLEY A. Family I (first and middle [if any]) or Surn						
Inventor's Signature Date						
21 Brackenwood Court Residence: City Greensboro	State NC	2	Country USA	citizenship USA		
Mailing Address SAME AS ABOVE						
City	State		<sub>ZIP</sub> 27407	C untry		
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached her to.						

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## **DECLARATION** — Utility or Design Patent Application

or Bar Code Laber [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [					Corr	respondence address below	
Name 28484							
Address	PATENT TRADE	EMARK OFFI	OE.				
City	·	State				ZIP	
Country Tele	ephone					Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR :	A petition h	as bee	n filed t	for this ι	ınsign	ned inventor	
Given Name FRANK R. Family Name JONES (first and middle [if any]) or Surname							
Inventor's Signature					•	Date	
146 NW Dorchester Street Residence: City Port St. Lucie	State FL		Country	, US	A	Citizenship USA	
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City	State		ZIP	34983		Country	
NAME OF SECOND INVENTOR:	A petition has	s been	filed fo	r this un	signe	d inventor	
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Inventor's Signature			-			Date 7.77-03	
21 Brackenwood Court Residence: City Greensboro	State NC	2	Country	, USA		, Citizenship USA	
Mailing Address SAME AS ABOVE							
City	State		zip 2	7407		Country	
$\overline{XX}$ Additional inventors are being named on the $\underline{\hspace{0.1cm}1\hspace{0.1cm}}$ su	pplemental Additio	nal Inve	ntor(s) sh	neet(s) PT	O/SB/0	02A attached hereto.	

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#### **DECLARATION**

### **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:							
Given GARY W.			Family Name SHORE or Surname				
Inventor's Lary W. Thon					Date 7/11/03		
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Mailing Address SAME AS ABOVE							
Mailing Address							
City				Country			
Name of Additional Joint Inventor, if any:					s unsigned inventor		
Given Name			Family Name or Surname				
Inventor's Signature Date							
Residence: City				Country			
Residence: City State Country Citizenship  Mailing Address							
Mailing Address							
City	State	ZIP Cou		Countr	intry		
Name of Additional Joint Inventor, if any:							
Given Family Name or Surname							
Inventor's Signature Date							
Residence: City	State		Country		Citizenship		
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